over the first 24 hours, fast response as deltaMPA≥10% within the first hour after loading (the others being slow responders), and high post-treatment platelet reactivity (HPPR) as MPA≥56.56% (fourth quartile). Inflammatory markers (PAC1 and P-selectin) and VASP were also evaluated according to onset of action.

Results: 55% of patients were slow responders. Non current smoking and BMI ≥ 25 kg/m_ were associated with slower and lower response. HPPR was more frequent in slow responders (28% vs 14% p<0.0001). There was a dose effect relationship on deltaMPA, with a trend for faster onset of platelet inhibition in the 900 mg LD group. Slow responders had slower and lower decrease of PAC1 and P-selectin, and higher VASPindex at 6 hours (76.5% vs 66.4%, p=0.019) and 24 hours (70.3% vs 61.5%, p=0.049).

Conclusions: Slow response to clopidogrel is a reliable marker of low response at 24 hours and HPPR. Whether early detection and correction of slow clopidogrel response is clinically relevant remains to be demonstrated.

040

Is it long-term (> 12 months) dual antiplatelet treatment necessary in diabetic patients treated with drug-eluting stents?

Vassilis Voudris, Panagiotis Karyofillis, Sophia Thomopoulou, Dennis V Cokkinos
Onassis Cardiac Surgery Center, Cardiology Dpt, Athens, Grèce

Background: Despite encouraging short-term results with drug-eluting stents (DES) in diabetes mellitus (DM) patients (pts) with coronary artery disease, the long-term safety is not clear. We investigated the influence of long-term (> 12 months) dual antiplatelet treatment (APLT) with aspirin and clopidogrel on clinical outcome in DM pts treated with DES.

Methods: The study included 552 consecutive DM pts (male 81%, mean age 65+9 years) that had been treated with DES and received dual APLT treatment for 12 months. Long-term clinical follow-up (FU) (mean time 30.4 + 11.6 months), obtained in 545/552 (99%) of them; 419 (77%) pts were on dual APLT (group A) and 126 (23%) on single APLT (group B). Major adverse cardiovascular event (MACE) on clinical FU was considered death (D), myocardial infarction (MI), percutaneous or surgical revascularization (REV), cerebrovascular accident (CVA), and hard end-points (HDP) was considered D, MI and CVA. Late stent thrombosis (LST) was defined as angiographic documentation of stent occlusion associated with an acute ischemic event, unexplained sudden D or MI not clearly attributable to another coronary lesion > 12 months post-procedure.

Results: Unstable angina at presentation was more frequent in group A pts (36% vs. 26%, p<0.05).The incidence of LST was 2.1% in group A and 0.8% in group B pts (p:ns); no difference was observed according to diabetic treatment (insulin vs. non-insulin dependent). At FU D was observed in 4.8% vs. 2.4%, MI 1.9% vs. 0.8%, and HDP in 8.4% vs. 4% between pts in group A and B respectively (p:ns). The rate of any REV and MACE was higher in pts in group A (20.3% vs. 6.3 %, and 26.7% vs. 11.1%, p<0.001); this difference was only observed in non-insulin-dependent pts. In a multivariate model ejection fraction <40% was predictor for LST (HR 14.5, 95% CI 3.9-49.4, p<0.001), and D/MI (HR 3.61, 95% CI 1.7-7.5, p=0.001), and multivessel disease for MACE (HR 2.0,95% CI 1.27-3.15, p=0.003).

Conclusion: Dual APLT > 12 months in DM pts treated with DES implantation is not associated with better clinical outcome or lower risk of LST.

041

Percutaneous coronary intervention of unprotected left main coronary artery for cardiogenic shock

Gilles Barone-Rochette, Gerald Vanzetto, Arnaud Fluttaz, Hélène Bouvaist, Stéphanie Marlière, Jacques Machecourt
CHU de Grenoble, unité de soins intensifs cardiologiques, Grenoble, France

Primary coronary angioplasty (PCA) of unprotected left main coronary artery (LM) in patients (pts) with cardiogenic shock (CS) is a high-risk procedure, carrying a high morbi-mortality.

Accordingly we aimed to assess the prevalence, clinical presentation, therapeutic workout and in-hospital and long-term prognosis of pts presenting with CS due to TIMI flow 0-1 LM thrombosis.

Over a 6-years period, and out of a prospective cath-lab database of 6062 files, 17 cases of CS secondary to LM thrombosis were identified and confirmed by reanalysis of angiograms. Therapeutic management and in-hospital outcome were obtained from medical files and prospective follow-up was obtained.

The study population consisted in 13 men (76%) with a mean age of 64±16 years, corresponding to a prevalence of 0.28 % of pts proposed for coronary procedure. Clinical presentation was an ACS with and without persistent ST-elevation in 11 (65%) and 6 cases (35%) respectively. Five patients (29%) received pre-hospital thromboysis, which failed to achieved reperfusion in all cases. Twelve patients (71%) undergone mechanical support (intra-aortic balloon pumping alone in 55%, extracorporeal life support alone in 5%, and both in 45%). The majority of PCA were performed with bare metal stent (n=14, 82%), under GPIIbIIIa antagonists in 8 cases, and instrumental thrombectomy in 3 cases. In-hospital death occurred in 5 pts (29%). At mean follow-up of 23 months (100% completed) survival rate was 53% for entire cohort and 75% among discharged pts. Most patients were in NYHA class I (7/9), with averaged left ventricular ejection fraction of 50+17%. One pts was implanted with a Thoratec device and is awaiting heart transplantation, and one is in terminal heart failure.

LM occlusion with CS has a very high mortality rate. However, PCA in such setting with use of aggressive mechanical life support carries an acceptable level of major adverse coronary event at medium and long-term prognosis.

042

Patients with recent history of ACS: frequency and characteristics of symptomatic and asymptomatic PAD in a French office based study (CALIPSO)

Nicolas Danchin (1), Pascal Priollet (2), Francois Dievart (3), Yves Cottin (4), Jean Ferriere (5), Serge Kownator (6), Marie Helene Barlet (7), George Pisica-Donose (7)
(1) Hôpital Européen Georges Pompidou, Paris, France – (2) Hôpital St Joseph, Paris, France – (3) Clinique Villette, Dunkerque, France – (4) Hôpital du Bocage, Dijon, France – (5) CHU Rangueil, Toulouse, France – (6) R Poincaré, Thionville, France – (7) BMS, Dépt. Médical Cardiovasculaire, Rueil Malmaison, France

Background: In ACS patients, presence of a peripheral arterial disease (PAD) or a low ankle brachial index (ABI) is associated with a higher CV risk in either symptomatic or asymptomatic PAD patients than ACS patients without PAD.

Objective: To determine the frequency and describe symptomatic and asymptomatic PAD patients, diagnosed by clinical examination and ABI measurement, in French population with recent history of ACS.

Methods: A 2-stage observational survey was conducted by 422 office-based cardiologists: 1) a registry part to provide a nationally representative overview and to estimate the prevalence of PAD and proportion of normal or low ABI in the overall.

2) a detailed part to asses and compare patients issued from registry with symptomatic or asymptomatic PAD and without PAD.

Results: 374 office based cardiologists recorded in the registry 2030 patients with a recent history of ACS and selected 1135 patients for the detailed part of the study.

Main characteristics of the registry patients were: mean age 66 years, 75% male, 30.3% STEMI, 22.7% NSTEMI and 47.1% UA. The prevalence of PAD in the registry population was 35.9% and between them 401 (55.1%) were symptomatic: intermittent claudication (321), history of angioplasty or bypass (221), amputations (12). Mean value of ABI measurement in the registry was 0.93 CI [0.92-0.94] with 32.3% less than 0.9.

In the detailed part of the study, the mean age was 65.7 years and 77.7% of patients were male. ACS characteristics: STEMI 32.1%, NSTEMI 22.4% and UA 45.5%. 624 patients were selected without PAD and 511 with PAD. Within these patients, 55.4% were symptomatic: intermittent claudication (20.3%), had a history of angioplasty or bypass (12.6%), or amputations (0.4%). Mean value of ABI for 1131 patients in the detailed study was 0.9 [0.89-0.91] and 42% had a low ABI (<0.9).

Conclusions: PAD is highly prevalent (35.9%) in patients with recent history of ACS and almost one half of these patients are asymptomatic.